

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR JAMES M NICKNAME LAST SUFFIX ARMSTRONG		<b>OFFICE USE ONLY</b>  Date Received  <b>6/19/2014 11:13:13 PM</b>  Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed  Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 242 TRICE EL PASO TX 79907			
5 CANDIDATE/ OFFICEHOLDER PHONE			
AREA CODE PHONE NUMBER EXTENSION (915 ) 261-3141			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS CHRIS NICKNAME LAST SUFFIX ACOSTA		
	7 CAMPAIGN TREASURER ADDRESS (residence or business)		
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9327 ELGIN EL PASO TX 79907			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915 ) 4331647		
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year 05/15/2014		THROUGH Month Day Year 06/18/2014	
11 ELECTION	ELECTION DATE Month Day Year 07/19/2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
	12 OFFICE		
OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)  El Paso City Rep. District 6	

**GO TO PAGE 2**

City Clerk Dept.  
6/23/2014 8:09:46 AM

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME**

MR JAMES M ARMSTRONG

**15 ACCOUNT #** (Ethics Commission Filers)**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4155

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 3007.38

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1147.62

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\*\*\* Electronically Certified \*\*\*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James M Armstrong, this the 23 day of June, 20 14, to certify which, witness my hand and seal of office.

**John Glendon**

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

JAMES M. ARMSTRONG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/02/2014

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Chris Acosta

6 Contributor address; City; State; Zip Code

9327 Elgin, El Paso, TX, 79907

7 Amount of  
contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Public Affairs Director

10 Employer (See Instructions)

EPCSO

Date

06/03/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Andy and Monica Dominguez

Contributor address; City; State; Zip Code

1608 Billy Casper Drive, El Paso, TX 79936

Amount of  
contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Businessowners

Employer (See Instructions)

Date

06/10/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

John Geske

Contributor address; City; State; Zip Code

1700 Zaragoza, El Paso, TX 79936

Amount of  
contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Businessowner

Employer (See Instructions)

Date

06/03/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rafael Martinez

Contributor address; City; State; Zip Code

800 N. Mesa, El Paso, TX 79902

Amount of  
contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Martinez Engineering Group

Date

06/10/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ramiro and Belen Robles

Contributor address; City; State; Zip Code

3336 Fillmore, El Paso, TX 79930

Amount of  
contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
6/23/2014 8:09:46 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

JAMES M. ARMSTRONG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/02/2014

5 Full name of contributor

Jan Engels

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

2219 King James Place, El Paso, TX 79903

7 Amount of contribution (\$)

300

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Businessowner

10 Employer (See Instructions)

Bear's Bilingual Mobile

Date

06/10/2014

Full name of contributor

Miguel Moreno

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

128 Ventura Drive, El Paso, TX 79907

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/10/2014

Full name of contributor

Manuel and Rosa Caballero

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

9208 Morelia Road, El Paso, TX 79907

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Businessowners

Employer (See Instructions)

Date

06/10/2014

Full name of contributor

Gilbert and Bernadette Ramos

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

11294 Enid Wilson Lane, El Paso, TX 79936

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Ramos Health Plans

Date

06/10/2014

Full name of contributor

Sylvia Aguilar

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

2012 Curt Byrum Pl, El Paso, TX 79936

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Executive Chief Deputy

Employer (See Instructions)

EPCSO

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## SCHEDULE A

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1 Total pages Schedule A:

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JAMES M. ARMSTRONG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/10/2014

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jesus and Enriqueta Fierro

6 Contributor address; City; State; Zip Code

8612 Whitus, El Paso, TX 79925

7 Amount of contribution (\$)

30

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

06/10/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Manny Barreras

Contributor address; City; State; Zip Code

2265 West Paseo Luna, Tucson, AZ 85742

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Businessowner

Employer (See Instructions)

Date

06/10/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Norma Chavez

Contributor address; City; State; Zip Code

6056 Trowbridge, El Paso, TX 79905

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired Legislator

Employer (See Instructions)

Date

06/10/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jesus and Martha Reyes

Contributor address; City; State; Zip Code

436 Mockingbird, El Paso, TX 79907

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

EPCWID

Date

06/10/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Irene Bromley

Contributor address; City; State; Zip Code

2629 Samoa Drive, El Paso, TX 79925

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

JAMES M. ARMSTRONG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/10/2014

5 Full name of contributor

Anna L. Perez

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

12249 Warhol Drive, El Paso, TX 79936

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Administrator

10 Employer (See Instructions)

Date

06/11/2014

Full name of contributor

Jose Limon

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

1301 Lonewood Drive, El Paso, TX 79925

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/10/2014

Full name of contributor

Joan Lopez

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

7929 Morley Drive, El Paso, TX 79925

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/10/2014

Full name of contributor

Charles McCarthy

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

101 St. Anthony Drive, Francis, IN 47460

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/14/2014

Full name of contributor

Evangelina Candelaria

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

2505 Louisville Avenue, El Paso, TX 79930

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Businessowner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

JAMES M. ARMSTRONG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/11/2014

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ralph Barron

6 Contributor address; City; State; Zip Code

6617 Montana Avenue, El Paso, TX 79925

7 Amount of contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Businessowner

10 Employer (See Instructions)

Ace Body Shop

Date

06/10/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Alfonzo Baeza Jr.

Contributor address; City; State; Zip Code

250 Trice, El Paso, TX 79907

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Network Specialist

Employer (See Instructions)

Mersen

Date

06/08/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Terry Cortez

Contributor address; City; State; Zip Code

617 Lafayette El Paso, TX 79915

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/18/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Aldo Lopez

Contributor address; City; State; Zip Code

701 Hampton El Paso, TX 79907

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

James & Haugland, P.C.

Date

06/18/2014

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

James Candelaria

Contributor address; City; State; Zip Code

3601 W Ironwood Dr, Phoenix, AZ 85051

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Devry Education Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
6/23/2014 8:09:46 AM

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule B:**0****2** FILER NAME**JAMES M. ARMSTRONG****3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:\_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**0****2** FILER NAME**JAMES M. ARMSTRONG****3** ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS:    ➞   ➞   ➞   ➞   ➞   ➞

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?☐**8** Lender address;    City;    State;    Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address;    City;    State;    Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?☐

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
6/23/2014 8:09:46 AM

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>JAMES M. ARMSTRONG</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>06/10/2014</b>	<b>5</b> Payee name <b>Great American Land &amp; Cattle</b>		
<b>6</b> Amount (\$) <b>838</b>	<b>7</b> Payee address; City; State; Zip Code <b>1345 George Dieter, El Paso, TX 79936</b>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Kickoff Event</b>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
		<b>City Rep District 6</b>	
Date <b>06/06/2014</b>	Payee name <b>David's Pennants</b>		
Amount (\$) <b>1948</b>	Payee address; City; State; Zip Code <b>9911 Carnegie Avenue, El Paso, TX 79925</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
		<b>City Rep., District 6</b>	
Date <b>06/11/2014</b>	Payee name <b>HB Pro Sound</b>		
Amount (\$) <b>54.13</b>	Payee address; City; State; Zip Code <b>6000 Gateway Blvd, El Paso, TX 79905</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>PA System</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
		<b>City Rep., District 6</b>	
Date <b>06/10/2014</b>	Payee name <b>Office Depot</b>		
Amount (\$) <b>40</b>	Payee address; City; State; Zip Code <b>1313 George Dieter, El Paso, TX 79936</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Overhead</b>	Description (If travel outside of Texas, complete Schedule T) <b>Office Supplies</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
		<b>City Rep, District 6</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

City Clerk Dept.  
6/23/2014 8:09:46 AM

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>2</b>		<b>2</b> FILER NAME <b>JAMES M. ARMSTRONG</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <b>06/13/2014</b>		<b>5</b> Payee name <b>Universal Graphics, Inc</b>			
<b>6</b> Amount (\$) <b>108.25</b>		<b>7</b> Payee address; City; State; Zip Code <b>1217 Barranca, El Paso, TX 79935</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Printing</b>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <b>City Rep, District 6</b>	
Date <b>05/30/2014</b>		Payee name <b>NationBuilder</b>			
Amount (\$) <b>19</b>		Payee address; City; State; Zip Code <b>448 S. Hill St, Suite 200, Los Angeles, CA 90013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Website</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <b>City Rep., District 6</b>	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="font-size: 24pt; font-weight: bold;">0</div>	<b>2</b> FILER NAME <div style="font-size: 18pt; font-weight: bold;">JAMES M. ARMSTRONG</div>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;      City;   State;   Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)

  

Date	Payee name	
Amount (\$)	Payee address;      City;   State;   Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

  

Date	Payee name	
Amount (\$)	Payee address;      City;   State;   Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

  

Date	Payee name	
Amount (\$)	Payee address;      City;   State;   Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>0</b>		<b>2</b> FILER NAME <b>JAMES M. ARMSTRONG</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Business name			
<b>6</b> Amount (\$)		<b>7</b> Business address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>		<b>2</b> FILER NAME <b>JAMES M. ARMSTRONG</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Payee name			
<b>6</b> Amount (\$)		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	

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**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K: **0****2** FILER NAME**JAMES M. ARMSTRONG****3** ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8** Amount  
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**City Clerk Dept.  
6/23/2014 8:09:46 AM

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME

JAMES M. ARMSTRONG

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A    ☐ Schedule B    ☐ Schedule C    ☐ Schedule D    ☐ Schedule F    ☐ Schedule G  
☐ Schedule H    ☐ Schedule N    ☐ COH-UC    ☐ COH-T    ☐ PAC-C    ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A    ☐ Schedule B    ☐ Schedule C    ☐ Schedule D    ☐ Schedule F    ☐ Schedule G  
☐ Schedule H    ☐ Schedule N    ☐ COH-UC    ☐ COH-T    ☐ PAC-C    ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A    ☐ Schedule B    ☐ Schedule C    ☐ Schedule D    ☐ Schedule F    ☐ Schedule G  
☐ Schedule H    ☐ Schedule N    ☐ COH-UC    ☐ COH-T    ☐ PAC-C    ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 •• Complete only if "Report Type" on page 1 is marked "Final Report" ••

**1 C/OH NAME**

MR JAMES M ARMSTRONG

**2 ACCOUNT #** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 \_\_\_\_\_  
 Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

 •• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 \_\_\_\_\_  
 Signature of Candidate

**5 OFFICEHOLDER**

 •• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 \_\_\_\_\_  
 Signature of Officeholder

 City Clerk Dept.  
 6/23/2014 8:09:46 AM